



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MGE/158490

PRELIMINARY RECITALS

Pursuant to a petition filed June 20, 2014, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Rock County Department of Social Services in regard to Medical Assistance, a hearing was held on July 17, 2014, at Janesville, Wisconsin.

The issue for determination is whether the agency properly denied the Petitioner's application for healthcare benefits.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

I

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: Melissa Genz

Rock County Department of Social Services
1900 Center Avenue
PO Box 1649
Janesville, WI 53546

ADMINISTRATIVE LAW JUDGE:

Debra Bursinger
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Rock County.
2. On April 22, 2014, the agency issued a Notice of Proof Needed to the Petitioner informing him that verification of living arrangement and checking accounts was needed to process the

Petitioner's case for healthcare benefits and FS benefits. The due date for the verification was May 12, 2014.

3. On April 28, 2014, the Petitioner submitted a Six Month Report Form (SMRF) for FS benefits.
4. On April 29, 2014, the agency issued a Notice regarding incomplete forms for FS benefits to the Petitioner. The notice informed the Petitioner that his FS renewal could not be processed until he submitted additional information regarding income.
5. On May 13, 2014, the agency issued a Notice of Decision informing the Petitioner that his application for health care benefits was denied and his FS benefits would be discontinued effective June 1, 2014 for failure to provide requested verification.
6. On June 20, 2014, the Petitioner filed an appeal with the Division of Hearings and Appeals.

DISCUSSION

An applicant is required to provide verification of certain items to receive healthcare benefits, including income. Failure to provide the verification within the deadline results in denial of the application. MA Handbook, § 20.7.

In this case, the Petitioner testified that he provided the requested verifications when he submitted the SMRF for FS benefits on April 28, 2014. The SMRF was faxed and the Petitioner asserts that the verifications were faxed with the SMRF. The agency contends it never received the verifications. The Petitioner did not have a receipt indicating that the verifications were faxed.

Without additional evidence, I must conclude that the agency acted properly in closing the Petitioner's case.

Petitioner was advised that he could re-apply and supply the necessary verifications at any time.

CONCLUSIONS OF LAW

The agency properly denied the Petitioner's application for healthcare benefits on May 13, 2014.

THEREFORE, it is

ORDERED

The Petitioner's appeal is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,
Wisconsin, this 14th day of August, 2014

\sDebra Bursinger
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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Madison, WI 53705-5400

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The preceding decision was sent to the following parties on August 14, 2014.

Rock County Department of Social Services
Division of Health Care Access and Accountability